

## INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 112-03 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted: usually this is the owner Name of applicant Mike Cook Senior Director of CapEx Name of organization Telephone number **Buckingham Companies** (317) 538-1154 Address (number and street, city, state, and ZIP code) 941 N. Meridian Indianapolis, In 46204 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Mike Taylor Installation Manager Name of organization Telephone number Central Security & Communications (317) 665-0053 Address (number and street, city, state, and ZIP code) 6831 E. 32<sup>nd</sup> Street Indianapolis, In 46226 3. DESIGN PROFESSIONAL OF RECORD (II applicable) Name of design professional License number Name of organization Telephone number Address (number and street, city, state, and ZIP code) 4. PROJECT IDENTIFICATION Name of project State project number County Providence @ Old Meridian Address of site (number and street, city, state, and ZIP code) 300 Providence Blvd. Carmel, In 46032 Type of project ☐ New ☐ Addition Alteration ☐ Change of occupancy 5 REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6 VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? ☐ Yes (If yes, attach a copy of the Violation and answer the following.) ⊠ No Violation issued by: Local Building Department ☐ State Fire and Building Code Enforcement Section ☐ Local Fire Department

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DESCRIPTION OF REQUESTED VARIANGE      Name of code or standard and edition involved	Specific code section	
NFPA 72 2010	26.6.3.2.1.5	
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)  The current fire alarm control panels do not have phone lines available for monitoring purposes. Central Security would like to install a fire approved cellular communicator that will test every five minutes into the central monitoring station. This will be the single source of monitoring for the fire alarm system which complies with single communications technology in NFPA 72 2010, section 26.6.3.1.4.1.		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED		
Select one of the following statements:		
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or		
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).		
Facts demonstrating that the above selected statement is true: The fire alarm system will still be monitored via a single source of communication. This device is a Fire Approved cellular communicator made by Honeywell model IPGSM4G that will notify the UL & FM approved monitoring facility of a general fire alarm. The device will transmit a communication test signal every five minutes to the central monitoring station as required by NFPA 72 2010 section 26.6.3,1,4.1.		
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE  Select at least one of the following statements:		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical fimitations of the construction site or its utility services.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.		
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.		
Facts demonstrating that the above selected statement is true:  The ability to provide phone or internet service from the site would require very expensive trenching from building to building and getting the wire to the fire control panel would be next to impossible because of concrete and construction limitations.		
10. STATEMENT OF ACCURACY		
I hereby certify under penalty of perjury that the information contained in this application is accurate.		
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
Marin	Mike Taylor	10/11/2016
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)		
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.		
Signature of applicant	Please print name	Date of signature (month, day, year)
Michael Coon	Mike Cook	10/11/2016